



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2009 (mm/dd/yyyy format)

Year End: 06/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 151309

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8323157	Contractual Allowance	\$25997904
Outpatient Patient Service Revenue	\$44173592	Other Deductions	\$2777680
Total Gross Patient Service Revenue	\$52496749	Total Deductions	\$28775584

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$23721165
Other Operating Revenue	\$252540
Total Operating Revenue	\$23973705

#### 4. Operating Expenses

Salaries and Wages	\$6952804	Employee Benefits	\$2183945
Depreciation and Amortization	\$601421	Interest Expense	\$250439
Bad Debt	\$2758040	Other Expenses	\$7939704
Total Operating Expenses	\$20686353		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3287352	Total Assets	\$34242843
Net Non-operating Gains over Loss	\$1589310	Total Liabilities	\$12691645
Total Net Gains	\$4876662		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23251093	\$13561107	\$9689986
Medicaid	\$7398674	\$6454190	\$944484
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21846982	\$5982607	\$15864375
Total	\$52496749	\$25997904	\$26498845

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$58975	\$17494	\$41481

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2
Number of Hospital Patients Educated	868
Number of Citizens Exposed to Health Education Messages	1061

### Statement Six: Charity Statement

Hospital Charity Charges	\$2777680
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$938686	
HCI Payments	\$0		
Subtotal	\$0	\$938686	\$-938686
Medicaid Shortfalls	\$0	\$1368648	
Subtotal	\$0	\$2307334	\$-2307334
DSH Payments	\$0		
Subtotal	\$0	\$2307334	\$-2307334
Medicare Shortfalls	\$0	\$-78575	
Other Government Programs	\$0	\$0	
Total	\$0	\$2228759	\$-2228759

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$112440	\$-112440
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0